



Department of Defense Medical Treatment Invoice Submission 2010





- Proper SF-1080 submission (what the Coast Guard needs from DoD to ensure timely reimbursement)
- Requirements for DD7/DD7A
- Show stoppers: errors that cause delays in processing bills





Navy



Army



Air Force





- The SF-1080 is the equivalent of an invoice or bill
 - States what the Coast Guard owes your MTF
- DD7 and DD7A are <u>corresponding</u> supporting documentation for the SF-1080





How to fill out the SF-1080





1. Voucher No.:

Leave blank. Coast Guard uses this space to assign standardized inveice number. 2. Schedule No.:

Leave blank. Coast Guard uses this space for internal purposes.

3. <u>Bill No.</u>:

Place distinct invoice number so that we can cross reference your bill number to our voucher number



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Modeled after re April 1982	vised version BET	VOUCHER FOR TRANS WEEN APPROPRIATIONS A		UNDS	VOLICHER NO.
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		Active Duty (coo, cr1, c12, c13, c14, c22)	150		\$54,000.00
	1-Nov-06	Active Duty Family Members	50		\$8,546.00
	Thru	*(C24, C25, C26, C27, C28, C29, C41, C45)	elosace:		
	30-Nov-06				F05 433 00
		Retiree *(C31, C32, C33)	78		\$95,622.00
		Retiree Family Members	30		\$65,877.00
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	(Date)				
					(Title)
		ACCOUNTING CLA	CCICICATION	Office Che	reved.





4. Your unit name and address inserted here.

5. The Coast Guard's address is placed here.

Commandant (DCMS-831) 2100 2nd Street S.W. STOP 7902 Washington, D.C. 20593-0001

odeled after revised version BETWEEN APPROPRIATIONS AND/OR FUNDS					VOUCHER NO.	
•	tablishment, bureau, or office nit name here	e receiving funds				BILL NO. Your space
Address City, St epartment, es	s ate Zip code tablishment, bureau, or offic	e charged			_	PAID BY
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ORDER NO.	DELIVERY	ARTICLE OR SERVICES OUTPATIENT	QUANTITY	UNIT PR		AMOUNT DOLLARS AND CENTS
		Active Duty -(coo, c11, c12, c13, c14, c22)	150			\$54,000.00
	1-Nov-06 Thru	Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50			\$8,546.00
	30-Nov-06	Retiree *(C3), C32, C33)	78			\$95,622.00
		Retiree Family Members *(C43, C47, C48, C49)	30	TO	IATC	\$65,877.00 \$224,045.00
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				(Authorized	d adm	inistrative or certifying officer)
	(Date)				





6. Date of Delivery:

- -MTFs should run their query on a monthly basis.
- -List the month of the last patient treatment date on the DD7/DD7A.

Most of the dates on the **NOTE: AT NO TIME CAN** THERE BE MIXED FISCAL YEARS (30 Sep 09 - 1 Oct 09) INCLUDED ON A SINGLE SF-1080. lission Support (DCMS)

Standard	Form 10	80						
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		sed version		VOUCHER FOR TRANSF				VOUCHER NO.
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		1-Nov-06		Active Duty Family Members	50			\$8,546.0
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				Retiree *(C3), C32, C33)	78	1		\$95,622.0
				Retiree Family Members	30			\$65,877.0
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				Appropriation(s) and/or fund(s) as indicated below; or that the	ie advance paymen	requested	is approv	yed and snowld be pard as indicated.
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7. Label OUTPATIENT or INPATIENT. Invoices and their supporting documentation (DD7/DD7A) must be either outpatient or inpatient, they cannot be combined.

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	ndant (CG-	1012)					
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ORDER	DATE OF	ARTICLE OR SERVICES		-		}	
NO.	DELIVER			UNIT I	PRICE	AMOUNT	
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1		Active Duty *(coo, c11, c12, c13, c14, c22)	150			\$54,000.00	
	V 2002 - 12 12		2007			00.044.04	
	1-Nov-06	Active Duty Family Members	50			\$8,546.00	
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		Retiree *(C31, C32, C33)	78			\$95,622.00	
		Retiree Family Members	30			\$65,877.00	
		*(C43, C47, C48, C49)			TOTAL	\$224,045.00	
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8. List the Coast Guard's four reimbursement groups:

- -Active Duty
- -Active Duty Family Members
- -Retiree
- -Retiree Family Members

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Cis COAST GUARD	1ission	Support	(DCMS)

Standard Form 10 Computer general Modeled after rev	led HV15/2002	VOUCHER FOR TRANSI		UND		VOUCHER NO.
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ORDER NO.		ARTICLE OR SERVICES		UNITI	DICE	AMOUNT
NO.	DELIVERY	OUTPATIENT	QUANTITY	COST		DOLLARS AND CENTS
		Active Duty *(coo, c11, c12, c13, c14, c22)	150			\$54,000.0
	1-Nov-06 Thru	Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50			\$8,546.0
	30-Nov-06	Retiree *(C3), C32, C33)	78			\$95,622.0
		Retiree Family Members	30	<u>. </u>		\$65,877.0
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		***************************************				Officer Name here
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			**************************************	(Authoriz	ed admi	mistrative or certifying officer)
	(Date)			,		(Title)
		ACCOUNTING OF A	CCICICATION	Office	Char	vi



IMPORTANT CHANGE IN PATCATS PLEASE TAKE NOTE



9. Ensure	your SF-	-1080's
patient ca	tegories	match the
following	reimbur	sement
groups:		~

<u>Active Duty</u>	
(C00; C11; C12; C	13; C14;
C22; C24; C26; C2	27; C36)

Active Duty Family Members (C25; C28; C37; C41; C45)

<u>Retiree</u> (C31; C32; C33)

Retiree Family Members (C43; C47)

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e here				BILL NO. Your space
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CG-1012 rd , Room (C 20593-	5116			
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06	Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50		\$8,546.00
r-06	Retiree *(C31, C32, C33)	78		\$95,622.00
	Retiree Family Members	30	TOTA	\$65,877.00 \$224,045.00
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	I certify that the above articles were received and a Appropriation(s) and/or fund(s) as indicated below; or th	ccapted or the service:	performed as states	
			(Authorized adn	ninistrative or certifying officer)
(Date)				
	ACCOUNTING	ACCIPICATION	Office Char	(Title)

BETWEEN APPROPRIATIONS AND/OR FUNDS



United States Coast Guard

SPECIAL NOTE

10. Patient categories C29, C44, C48, and C49.

If you print DD7s or DD7As with these patient categories (C29, C44, C48, C49), please create a special reimbursement group labeled <u>Other</u>.

Example:

Active Duty - \$549.00 Active Duty Family Member -\$675.00

Retiree - \$467.00

Retiree Family Member -

\$123.00

Other - \$97.00

VOUCHER FOR TRANSFERS ETWEEN APPROPRIATIONS AND/OR FUNDS	VOUCHER NO. SCHEDULE NO.
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ARTICLE OR SERVICES		UNIT	RICE	AMOUNT
OUTPATIENT	QUANTITY	COST	PER	DOLLARS AND CENTS
Active Duty *(coo, c11, c12, c13, c14, c22)	150			\$54,000.00
Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50			\$8,546.00
Retiree *(C31, C32, C33)	78			\$95,622.00
Retiree Family Members	30			\$65,877.00
*(C43, C47, C48, C49)			TOTAL	\$224,045.00

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ACCOUNTING CLASSIFICATION - Office Receiving Funds

ON OF ACCOUNTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNITURE SECTIONS

Certifying Officer Name here
(Authorized administrative or certifying officer)

Certifying Officer Title here
(Title)

CRITIFICATE OF OFFICE CHARGED

[certify that the above articles were received and except of the service performed as stated and should be charged to the
Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated

(Authorized administrative or certifying officer)

ACCOUNTING CLASSIFICATION - Office Charged





11. Place the number of patients from the DD7s/DD7As in the quantity block.

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Standard Form 10 Computer generale Modeled after revi April 1982 Department of the	ad R015/2002 sed version B	VOUCHER FOR T ETWEEN APPROPRIATION			UND	s L	VOUCHER NO.	_
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ORDER		ARTICLE OR SERVICES	1					
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		Active Duty *(coo, c11, c12, c13, c14,		150			\$54,00	00.00
	1-Nov-06	Active Duty Family Members	S	50			\$8,54	16.00
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0110	30-Nov-06	Retiree *(C3), C32, C33)		78			\$95,62	22.00
		Retiree Family Members		30			\$65,87	77.00
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		ACCOUNT	NTING CLASS	IFICATION	Office	Charge	(Title)	





12. Insert amount charged to the Coast Guard.
13. Place your remittance address here (mailing address)

14. Place a point of contact and include a current phone number and e-mail address.

--We may be able to •-correct small issues via phone versus sending the invoice back to the facility

Peputy Commandant for lission Support (DCMS)

Modeled after revised version April 1982 BETWEEN APPROPRIATIONS AND/OR FUNDS					VOUCHER NO.		
Department of the I TFRM 2-2500	: Treasury		SCHEDULE NO.				
Department, es	tablishment, bureau, or office	receiving funds					
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Address					Your space PAID BY		
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	gton, DC 20593						
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ORDER NO.	DELIVERY	ARTICLE OR SERVICES		UNIT PRICE	AMOUNT		
NO.	DELIVERY	OUTPATIENT		COST PER			
		Active Duty (coo, c11, c12, c13, c14, c22)	150	:	\$54,000.00		
	1-Nov-06 Thru 30-Nov-06	Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50		\$8,546.00		
		Retiree *(C31, C32, C33)	78		\$95,622.00		
		Retiree Family Members	30		\$65,877.00		
		*(C43, C47, C48, C49)		TOTA	AL \$224,045.00		
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	January 0,	1900	(A	utnorized adr	ninistrative or certifying officer)		
	(Date)			Certifyin	g Officer Title here		
					(Title)		
		CERTIFIC: I certify that the above articles were received and a Appropriation(s) and/or fund(s) as indicated below; or the		rformed as state			
		AND AND PROPERTY OF THE PROPER	(<i>A</i>	uthorized adr	ninistrative or certifying officer)		
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15. Accounting
Classification - Office
Receiving Funds:
Place accounting
documentation in this
block.

Computer generated 10/15/2002 VOUCHER FOR TRANSFERS						VOUCHER NO.	
Modeled after revised version BETWEEN APPROPRIATIONS AND/OR FUNDS Langil 1987							
Department of the Treasury						SCHEDULE NO.	
1 TFRM 2-2500							
Department, es	tablishment, bureau, or office t	receiving funds					
Your U	nit name here			BILL NO.			
Address	S					Your space	
Address	s					PAID BY	
	ate Zip code						
Department, es	stablishment, bureau, or office	charged					
U.S. Co 2100 2n	indant (CG-1012 ast Guard id Street, Room : gton, DC 20593-	5116					
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ORDER	300000000000000000000000000000000000000	ARTICLE OR SERVICES				AMOUNT DOLLARS AND CENTS \$54,000.00 \$8,546.00 \$95,622.00 \$65,877.00 \$224,045.00	
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		OUTPATIENT	QUANTITY	COST	PER	DOLLARS AND CENTS	
		Active Duty (coo, c11, c12, c13, c14, c22)	150			\$54,000.00	
	1-Nov-06	Active Duty Family Members	50			\$8 546 00	
l \		*(C24, C25, C26, C27, C28, C29, C41, C45)	30			30,540.00	
l '	Thru	(024, 025, 026, 027, 047, 047, 045)					
l	30-Nov-06	n .:				605 (33.0)	
		Retiree *(C31, C32, C33)	78	1		\$95,622.00	
		1	1				
		Retiree Family Members	30			\$65,877.00	
		*(C43, C47, C48, C49)		-	TOTAL	\$224.045.00	
Addres Addres Addres Addres	s s ate Zip code	ACCOUNTING CLASSI				Funds VE THE DATE AND SIGNITURE SECTIONS	
Certifying Officer Name here (Authorized administrative or certifying officer) (Date)							
Certifying						Officer Title here	
				(Title)			
CERTIFICATE OF OFFICE CHARGED I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.							
		10.1 H 10		(Authoriz	ed admi	inistrative or certifying officer)	
	(Date)						
I	(- 200)						
						(Title)	
		ACCOUNTING CLA	SSIEICATION	Office	Charge	ad .	





15. Accounting Classification (cont.)

Examples of Accounting:

ARMY: 21 8 2020 0015 57 3106 325796.BD 26FB QSUP CA200

GRE12350109003 AB22 S34031

NAVY: AA 17 8 1804 11A0 026 62767 0 068892 2D 0NTNA0

62767840500T

DoD: 97 0 0100 5169 001

P62190 21.11 RD

RD0XQ000073TT 033181

Air Force: 57 8 3400 30 8 48 10

404200 01 609 660700 1Z

Please place the Agency
Location Code (ALC) and
your accounting
documentation in this block

ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES OUTPATIENT	QUANTITY	UNIT	PRICE PER	AMOUNT DOLLARS AND CENTS		
		Active Duty *(coo, c11, c12, c13, c14, c22)	150			\$54,000.00		
	1-Nov-06 Thru	Active Duty Family Members *(C24, C25, C26, C27, C28, C29, C41, C45)	50			\$8,546.00		
	30-Nov-06	Retiree *(C31, C32, C33)	78			\$95,622.00		
		Retiree Family Members	30	\		\$65,877.00 \$224,045.00		
Damiet and 1	n payment hereof should			-	TOTAL	\$224,045.00		
Address Address Address Address City, State Zip code ACCOUNTING CLASSIFICATION - Office Receiving Funds NOTES SECTION OF ACCE INTING CLASSIFICATION - THIS SECTION SITS ABOVE THE DATE AND SIGNITURE SECTIONS 123456789								
						Officer Name here		
	January 0					officer Title here		
						(Title)		
	CERTIFICATE OF OFFICE CHARGED I certify that the above articles were received and accepted or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.							
		BECOME HEAT PROPERTY HEAT THE STATE OF THE S		(Authoria	zed admir	nistrative or certifying officer)		
	(Date)						
I						(Title)		
	(nic)							

Tission Support (DCMS)



15. Accounting Classification (cont.)



Address

Address City, State Zir

Army: Place correct FSN and customer number

Air Force: Place correct ADSN



Agency Location Code (ALC) and your accounting documentation in this block

U.S. Co. 2100 2n	ndant (CG-1012 ast Guard d Street, Room gton, DC 20593	5116					
	DATE OF				-		
ORDER NO.	DELIVERY	ARTICLE OR SERVICES			UNIT	PRICE	AMOUNT
	DEDITER	OUTPATIENT	QUANT	TY	COST	PER	DOLLARS AND CENTS
		Active Duty *(coo, c11, c12, c13, c14, c22)	150	1		;	\$54,000.00
	1-Nov-06	Active Duty Family Members	50				\$8,546.00
	20 20 30	*(C24, C25, C26, C27, C28, C29, C41, C45)	30				\$6,540.00
	Thru 30-Nov-06	, , , , , , , , , , , , , , , , , , , ,					
	30-1404-00	Retiree *(C3), C32, C33)	78				\$95,622.00
		the target of target of target of the target of target	"				
		Retiree Family Members	30				\$65,877.00
		*(C43, C47, C48, C49)	- 50	+	-	TOTAL	
Address Address Address Address City, St	s s ate Zip code	ACCOUNTING CLASS N OF ACCOUNTING CLASSIFICATION - FI	FICATION SECT	rior	ffice Rec N SITS	eiving I	Funds VE THE DATE AND SIGNITURE SECTIONS
					C	C	Office Name have
							Officer Name here instrative or certifying officer)
	January 0,	1900			,		
	(Date)				Cert	frina	Officer Title here
					Certi	lynig	(Title)
		CERTIFICA' I certify that the above articles were received and ace Appropriation(s) and/or fund(s) as indicated below; or that	capted or the se	rvices	performed	as stated	and should be charged to the
		#10###################################	na-manamena		(Authoria	zed admi	nistrative or certifying officer)
					,		, 19
	(Date)						
			*****				(Title)
		ACCOUNTING CL	ACCIDICAT	TON	Office	Charge	



15. Accounting Classification (cont.)

THIS MATTERS TO YOU!!!!!!!

You need to ensure that your accounting string, ALC, and any other required information is properly written and correct! If there is a problem between your MTF and DFAS, we cannot correct the problem. We will have to return the SF-**1080** to the **SERVICES UBO** for correction and resubmission.

TISSION SUPPORT (DCMS)

Standard from 1090 Computer generated 10-13-2002 Modeled after revised version Aprel 1922 Department of the Treasury STPINA 2-2500 Pepartment, establishment, bureau, or office receiving Your Unit name here Address Address City. State Zip code Department, establishment, bureau, or office receiving Your Unit name here Address City. State Zip code Department, establishment, bureau, or office charged Commandant (CG-1012) U.S. Coast Guard 2100 2nd Street, Room 5116 Washington, DC 20593-000.	Ensure accounting lines are not faded, are not typed in small print, or do not have signatures written over them. If we cannot read them, we cannot pay.						
Thru 30-Nov-06 Ret Ret Remittance in payment hereof should be sent to	tive Duty Family Members 50 iree *(C3), C32, C38, C39, C41, C45) iree *(C3), C32, C33) 78 iree Family Members 30 TOTAL \$224,045.00	54,000.0 \$8,546.0 \$95,622.0 \$65,877.0					
Remittance Unit name here Address Address Address Address City, State Zip code NOTES SECTION OF A 123456789	ACCOUNTING CLASSIFICATION - Office Recording Funds	NS					
Certifying Officer Name here (Authorized administrative or certifying officer) January 0, 1900 (Date) Certifying Officer Title here (Title) CERTIFICATE OF OFFICE CHARGED							
(Date)	I certify that the above articles were received and except or the services performed as stated and should be charged to the Appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated. (Authorized administrative or certifying officer) (Title)						





16. Certificate of Office Charged:

NOTE: Do not use this space. The Coast Guard is the office being charged and we use this space to authorize payment.

Modeled after revised version APPROPRIATIONS AND/OR FUNDS I TURN 2-2590 BETWEEN APPROPRIATIONS AND/OR FUNDS SC				VOUCHER NO.		
	ablishment, bureau, or office nit name here	receiving funds				BILL NO. Your space
Address City, Sta Department, est	te Zip code ablishment, bureau, or office	charged		1.60	_	PAID BY
U.S. Coa 2100 2nd	ndant (CG-1012 ast Guard d Street, Room : zton, DC 20593-	5116				
ORDER	DATE OF	ARTICLE OR SERVICES		8		
NO.	DELIVERY	OUTPATIENT	QUANTITY	UNIT F	PER	AMOUNT DOLLARS AND CENTS
		Active Duty *(C00, C11, C12, C13, C14, C22)	150			\$54,000.00
	1-Nov-06 Thru 30-Nov-06	Active Duty Family Members *(c24, c25, c26, c27, c28, c29, c41, c45)	50			\$8,546.00
		Retiree *(C31, C32, C33)	78			\$95,622.00
		Retiree Family Members	30			\$65,877.00
Remittance in	payment hereof should b				IATO	\$224,045.00
Address Address Address Address	ate Zip code	ACCOUNTING CLASS				Funds VE THE DATE AND SIGNITURE SECTIONS
				Certif	ving	Officer Name here
	January 0,	1900	98-7-13488-14,1-6466-44189-1416-1416-1419-			inistrative or certifying officer)
(Date) Certifying Officer Title here						
		CETE_FICA [certify that the above articles were received and as Appropriation(s) and/or fund(s) as indicated below; or the		performed:	as stated	and should be charged to the
				(Authoriz	ed adm	inistrative or certifying officer)
	(Date)		#la+l+n)311-1114-13-414(1-4)35-137444444			
		ACCOUNTING CI	ASSIFICATION	– Office	Charge	(Title) ed





- DD7 is the supporting documentation for inpatient care rendered at MTFs
- DD7A is the supporting documentation for <u>outpatient</u> care rendered at MTFs





Ensure all patient categories are Coast • Guard. Coast Guard patient categories start with the letter **C**.

NOTE: The Coast Guard does not pay Public Health Service or NOAA invoices. Report of treatment Furnished Pay Patients
Hospitalization Furnished (Part B) Outpatient Service

Prepared on: 07 Sep 04

Printed on: 07 Sep 04

Page 3

US Air Force 78th MSG Force 10 One Air Force Road Nowhere, OK 12345

Patient Charge Category: USCG FAM MBR AD, C41
Country of Origin: Untied States

Patient Name FMP / SSN	Pat Cat Grade	Service Date	MEPRS Clinic / Services	Amount Billed
John Smith 30/123-45-6789	C41	30-Jul-04	BGAA (PHR)	200.46
Susan Johnson 30/123-45-6789	C41	10-Jul-04	BDBA (OPE)	90.65
Debbie Piper 30/123-45-6789	C41	4-Aug-04	BCCA (MLT)	358.04
Stan Sweets 30/123-45-6789	C41	7-Aug-04	BHAC (OPE)	578.01
Han Solo 30/123-45-6789	C41	29-Jul-04	BBFA (OPE)	6.25

{USCG FAM MBR AD continued on the next page}

Sample of DD7A



Date: 07 Sep 04 Certified and Authenticated by:



Ensure all patient visits are within the **same Fiscal Year**.

We will not process invoices that have mixed fiscal years.
(30 Sep 09 - 1 Oct 09)

Ensure all patients visits are within the Date of Delivery month. (1 Jan 09 - 31 Jan 09) Report of treatment Furnished Pay Patients Hospitalization Furnished (Part B) Outpatient Service

Prepared on: 07 Sep 04

Printed on: 07 Sep 04

Page 3

US Air Force 78th MSG Force 10 One Air Force Road Nowhere, OK 12345

Patient Charge Category: USCG FAM MBR AD, C41
Country of Origin: Untied States

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Stan Sweets 30/123-45-6789	C41	7-Aug-04	BHAC (OPE)	578.01
Han Solo 30/123-45-6789	C41	29-Jul-04	BBFA (OPE)	6.25

{USCG FAM MBR AD continued on the next page}

Sample of DD7A



Date: 07 Sep 04 Certified and Authenticated by:





Page 3

358.04

BCCA

(OPE)

s <mark>vour responsibility to ensure all</mark>

ta**l**is accurate:

USCG Member

Service Date

Amount

will ensure prompt payment

Report of treatment Furnished Pay Patients Hospitalization Furnished (Part B) Outpatient Service Prepared on: 07 Sep 04 Printed on: 07 Sep 04

US Air Force

78th MSG Force 10 One Air Force Road Nowhere, OK 12345

C41

30/123-45-6789

Patient Charge Category: USCG FAM MBR AD, C41

Country of Origin: Untied States Pat Cat MEPRS Amount Billed Patient Name Service Date FMP / SSN Clinic / Services C41 30-Jul-04 **BGAA** 200.46 John Smith (PHR) 30/123-45-6789 90.65 C41 10-Jul-04 **BDBA** Susan Johnson (OPE) 30/123-45-6789

4-Aug-04

Debbie Piper (MLT) 30/123-45-6789 **BHAC** 578.01 Stan Sweets 7-Aug-04 30/123-45-6789 (OPE) 6.25 Han Solo C41 29-Jul-04 **BBFA**

(USCG FAM MBR AD continued on the next page)

Sample of DD7A



Date: 07 Sep 04 Certified and Authenticated by:



- Mail
- CD-ROM (SF1080 and DD7 / DD7A)





Things that cause delays in processing of invoices

- Incorrect math
- Billing multiple fiscal years on the same invoice
- Mixed inpatient or outpatient invoices
- Signing Certificate of Office Charged on SF-1080
- Being billed for other services' patient categories. Only bill us with patient categories starting with C
- Incorrect, unreadable, or missing accounting classification information
- We would forward the invoice with a brief explanation to the service's UBO

- SF-1080s and DD7s/DD7As must be legible.
- You do not need to send duplicate copies.
- DO NOT send duplicate bills unless requested by us.
- Bill the CG on a monthly basis.
- Each MTF should send only <u>ONE</u> SF-1080 per month for inpatient and <u>ONE</u> SF-1080 per month for outpatient.
- Ensure your accounting

 Peputy formantion is correct.

 Nission Support (DCMS)



 As of 1 October 2006, the CG stopped paying DoD via checks to ensure compliance with the President's Management Agenda.

 The MOU states DoD will be paid via IPAC.





Commandant (DCMS-831)
U.S. Coast Guard
2100 2nd Street S.W.
STOP 7902
Washington, D.C. 205937902
Attn: DoD Invoice
Processing